

FOREST PRODUCTS USE FUEL REFUND APPLICATION

Checks are now being mailed directly from the Arizona Department of Administration and we are no longer able to attach a copy of the refund application to the check. Please keep a copy of your application for your records.

Refund Period Beginning Date	Refund Period Ending Date	Customer Account Number	Federal EIN
Applicant Name (first, middle, last, suffix)			Business Phone ()
Doing Business As (DBA)			
Refund Mailing Address	<input type="checkbox"/> Check if changed	City	State Zip
Contact Person Name	Contact Person Phone ()		Contact Email

This refund is based on actual qualifying fuel consumption. Submit copies of the following (check off documents submitted).

- Legible fuel purchase invoices and/or IFTA reports
- Individual Mileage and Fuel Report – Forest Products (form # [96-0425A](#))
- Fuel Refund Equipment List (#[96-0161](#))
- Copy of Arizona Commerce Authority (ACA) Certification Letter

Applications must be completed in full and mailed to the address above within 6 months from the date the fuel was purchased or invoiced. If the allowable claim is for less than \$10, only one request may be submitted in a consecutive 6-month period.

Arizona Qualified Project Miles and Gallons Claimed

A	B	C	D	E	F
Project Number	Total Miles (Column 7 on form #96-0425A)	Total On-Road AZ Miles (Column 10 on form #96-0425A)	% of AZ On-Road Miles (Column C / Column B)	Total Use Class Fuel Gallons (Column 12 on form #96-0425A)	Net Gallons Claimed (Column D x Column E)
Totals					

Use Fuel Tax Rate Paid \$.26	Net Gallons Claimed	Tax Refund Rate x \$0.17	Total Refund Due \$
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I certify that the Arizona taxes have been paid on all of the gallons claimed above. The original, unaltered invoices (and supporting documents) for the gallons claimed will be maintained for 3 years. I certify that the tax was paid on all gallons claimed above for fuel purchased in compliance with the ACA Healthy Forest Enterprise Incentives Program.

Printed Name	Title	Date
Original Signature – no copies/stamps		Must be signed by licensee or an authorized officer of the business. All other signatures require a notarized power of attorney.

ADOT Use Only

Compliance	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date	Postmark Date
Comments				
Receipts	Date Entered	Entered By	Claim Number	
Comments				